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CASE OF CYNANCHE PAROTIDÆA, WITH METASTASIS.

By E. A. W. Harlow, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

The patient, aged 25, informs me that when he was about 12 years old, while on horseback, the horse leaped over a fence, by which his left testicle was jammed against the back of the animal, and became so tender and swollen that he could not walk for three weeks, and it was three months before the soreness entirely left it. Since then, that testicle has always been "a little larger and softer than natural"; otherwise it has been as well as ever.

He also states that, at the age of 19, he had the mumps, for so the physician who attended him pronounced his complaint; and there were cases of that disorder in the neighborhood at the time. The left side of the face was swollen, and pained by the movements of the lower jaw. When the swelling was nearly gone, the left testicle (the one that seven years before had been injured by the leap of the horse) began to enlarge and be painful, and continued to increase in size till it was three or four inches in length, and of proportionate thickness. The disease gradually went away, leaving the testicle as well as before the attack.

Such is his history, as given by himself, prior to his recent illness, during which I attended him. His wife says that a child was convalescent of mumps in the same house when his late sickness began. I found the parotid gland of the right side enlarged. Soon the disease invaded that of the left side, without diminution, however, of the first tumefaction. Next, it affected the brain, producing much constitutional disturbance. The patient had chills, a pulse of 100, a white tongue, with a brown streak covering its centre (just such a tongue as we sometimes see in typhoid fever), and suffered with intense headache and inability to sleep at night. The disease next assailed the right testis (not the one hurt by the horse), which afforded immediate relief to the head, the pulse falling to 72. This gland reached about the same dimensions as the other testis in the former seizure. No further metastasis occurred. The testicle returned to its normal size, and the patient got entirely well.

Here, then, is a case in which it appears that a person had cynanche partoidæa twice, with metastasis each time—metastasis in the first attack to one testicle, and in the second to the other.

THE MECHANICAL DISTORTIONS OF THE HUMAN FOOT; THEIR PREVENTION AND REMEDIES.

By J. C. Plumer, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

From the almost universally distorted condition of the adult human foot, it is evident that the very important subject of a proper *foot covering* has been too long confided, either to a class of persons who regard the boot or shoe only as an article of merchandize, the "*manufacturer*," or to individual measure workmen (so-called "*custom makers*"), too generally the most essentially uneducated and unthinking of all classes of artisans.

With the *manufacturer*, remarkable as it may appear, it is customary to prepare the "*upper*" of a boot or shoe more particularly with reference to economy of material, so that a given amount of surface of leather will "*cut*" the greatest number of "*uppers*." This done, the next step is so to fashion a block of wood, the last, that it shall, in the parlance of the trade, "*fit the stock*"; that is, that the last *which is to give form* to the boot or shoe moulded upon it, shall be so far adapted to the *formless* "*upper*," as to require as little time and effort as possible of the workman in "*lasting*" the boot or shoe.

The result of this unscientific procedure is a *conical leather* bag; and fortunate would it be, not only for feet, but health and well-being in many other respects, if these leather receptacles were as well adapted to their intended use as the wooden boxes in which they are thrown into the market. Instead of which, however, each boot or shoe thus produced is an instrument of torture, and too frequently of actual distortion, the effects of which no human public can withstand, and, after years of suffering in attempts at "*breaking in*" such absurd contrivances, till our feet are maimed and distorted, till "ready-made" boots are no longer endurable, we apply to the "measure workman," who at once remarks that "ye 'ave an odd foot," "ye 'ave an 'ard foot to fit," and with gravity as mysterious as his ignorance of what he *ought* to do is palpable, he proceeds to "*fit the foot.*" Here is a great mistake at the commencement. A foot already distorted by previously wearing badly-constructed boots, should *not* be "fitted" in the sense in which the shoemaker regards it. There is, of course, no impropriety in adapting the boot or shoe, in every particular, to the normal or *undistorted* foot; but if, through certain mechanical agencies, the foot may be, or has already become, distorted, it is fair to suppose that by the same agencies, differently applied, such distortions may be prevented or corrected. No surgeon, after dividing the fasciæ and tendons in club foot, would make use of a shoe "fitted to the foot."

Inasmuch as shoemakers usually have no knowledge whatever of the solid structure of the normal human foot, and especially as the majority of feet presented to the "measure workman" are already more or less distorted, so that he can derive no idea of what the *form* of the natural foot *should be*, the proper course for both—manufacturer and "measure workman"—is to adopt a model derived from a natural foot; and with reference to the accomplishment of this, the following suggestions and illustrations are presented.

Hitherto, evidently for *facility of manufacture*, it has been the universal custom to form the soles of boots and shoes upon a last having a transversely *convex* under surface. A vertical transverse section of such a last, at a point corresponding with the metatarso-phalangeal articulations, is represented in Fig. 1. This convexity produces a corresponding concavity upon the *upper* surface of the *boot-sole*, while its *under* or outer surface is convex, as represented in Fig. 2, a vertical transverse section of boot or shoe at the same point as in Fig. 1—S the sole. This concave or guttering *sole* is diametrically opposed to the *naturally* concave under surface of this portion of the sole of the foot, as seen in Fig. 3, representing the combined sections of the foot and shoe, at the same point indicated above. B B B B B, metatarsal bones. In this case the points of bearing and pressure of the foot upon the boot-sole are at the joints, J J, while the only bearing point of the sole upon the floor, E E, is at the central line S, the concave *sole* opposed to the concave under surface of the foot—forming an ellipsis, represented by the lines l l and L L. The immediate effect upon this portion of the foot, the transverse arch, of wearing soles so formed, is the production of painful callosities beneath the first and fifth joints, and a feeling of tension between them. The remote, but no less certain effect upon this portion of the foot, especially if of delicate construction, of attempting to "break in" desirably thick soles, is a *depression of the transverse arch*, formed by this row of joints, in which case this part of the foot becomes curved or rounded on the *under* surface. This affection I have frequently met with during the past three years, devoted exclusively to experiments and observations on pedal distortions.

Fig. 1.

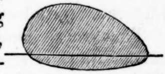


Fig. 2.

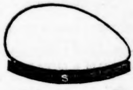


Fig. 3.

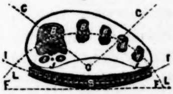
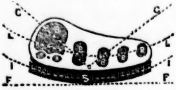


Fig. 4 represents a vertical transverse section of the foot distorted as above, and its *un*natural adjustment to the common concave sole, the distorting instrument. It will be observed in this figure, that the line L L is inverted and parallel with that of l l. Distortions of this nature to the degree indicated above are prevalent only among persons of about 60 years of age, arising, no doubt, from wearing fashionable shoes thirty or forty years since, when the last used in their construction was extremely convex or rounded on the under surface, producing a sole with concavity in corresponding degree. In such instances this portion of the foot has become rigid and unyielding, and is ordinarily associated with subluxation of the great toe-joint, consequent, in a great degree, upon wearing the old-style pointed shoe.

Fig. 4.



Individuals with this distortion are noticeable from a peculiar inelastic unsteadiness of gait, leaning forward with legs semi-flexed, shoulders drooping, and treading heavily upon the heels; pain and tenderness being indicated at every step. Walking being tedious, and locomotion accomplished only by a partial and constrained action of the muscular structure of the lower limbs, atrophy or a stinted development is an unavoidable consequence.

That these conditions of the feet and lower limbs, and their concomitant miseries, in the form of gout,[*] bunions, &c., may in all instances be prevented, and corrected in many already existing, by wearing a properly-constructed foot covering, is very evident, and the requirements are quite simple, and as follows:—Let the longitudinal contour or outline of the last, upon which the boot or shoe is to be formed, represent the outline of the *foot* in the *position which it is to assume when in the boot;* and so long as all are determined to wear heels (of the propriety of which, or whether or not they are a necessity of civilization and pavements, we have at present nothing to say), this position will be with the *heel of the foot elevated,* hence the "heel seat" of the last should be elevated to the same degree, and should also be *advanced* towards the ball portion of the last; in other words, the "*shank*" of the last should be shortened, which will produce a corresponding shortening in the shank of the boot. The mistake in measuring the foot in one position, *flat,* while it is to assume another when in the boot, *the heel elevated,* is clearly demonstrated by standing barefoot upon the floor with the heel pressed against an upright, and then, making the ball of the foot the fixed point, raising the heel sufficiently to introduce between it and the floor, a block of the thickness of an ordinary boot heel. The heel of the foot will *recede* from the upright, showing the measurement of an adult foot, from heel to ball, less by about half an inch than when the foot is resting flat upon the floor, or workman's "*size-stitch.*" A shoe-last formed upon this theory will be considerably shorter from heel to ball portion, as also will the boot made upon it, which is important in its relation to the *longitudinal* arch of the foot, since it changes the position of the foot heel, advancing it more directly under the line of the tibia, relieving the arch from excessive strain.

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[*] The translator of Professor Meyer's pamphlet remarks in his preface: "There is one other subject of which I am anxious to say a few words; I refer to the remarks on gout, at page 16 of the text. In a country where gout is so common as in our own, these remarks will be apt to be passed over as entirely fanciful, and without attracting the attention they deserve. Nevertheless, it is certain that the almost universal occurrence of first attacks of gout in the joint at the ball of the great toe may be fairly attributable to the existence of a *locus minoris resistentiæ*. Boerhaave, Van Swieten, Sir Charles Scudamore, and many other more recent authorities, were fully aware of this; but no one urges it more strongly than Dr. Garrod, the latest and best authority on this disease, who, at page 49 of his excellent treatise (London, 1859) says that, 'after accidents, and like causes, weakened parts are more susceptible to its influence,' and then mentions cases in which first attacks, instead of appearing in the usual seat, were limited to the knee or other parts that had suffered from previous injuries. At page 354, he remarks, that 'the metatarso-phalangeal joint is one which is subject to pressure and injury from having to support the weight of the body,' and he adds, thereby affording impartial evidence as to the evil effects of an improperly shaped shoe, that he has, in many individuals who had never experienced any symptoms of gout, 'very commonly found distinct evidence of injury on the surface of the cartilage, both of the head of the metatarsal bone and of the cup-like cavity of the phalanx.' All this clearly points to a weakened part, and the merit of our author is in directing attention to the true cause of its production, for the metatarso-phalangeal joint is *not*, as Dr. Garrod says, actually injured by having to support the weight of the body, but by its having to do so in a constrained and unnatural position."

The following are the remarks of Prof. Meyer referred to above:—

"Not less important are the evils arising at the root of the great toe from the same cause. It has already been stated that the pressure of the upper leather pushes the point of the great toe against the smaller toes. The joint at the metatarsal bone thus becomes bent aside, so that it forms a protuberance on the inner side of the foot. If the point of the toe is now pressed against the ground in walking, this protuberance must be made still greater, and so pressed more forcibly against the upper leather. At the same time, moreover, the great transverse wrinkle in the upper leather—the result of the bending of the toes—presses directly on the same point; and the protuberance at the root of the toe is thus constantly subjected to a twofold and very injurious pressure. In these circumstances it is by no means wonderful that this joint becomes subject to continual inflammation, which, by extending to the bones, must, in this situation, produce permanent and painful swellings, which become in their turn, and even from slight causes, the source of inflammations and new growths of bone.

"In this manner arise those unseemly and painful swellings at the root of the great toe, which, either from mistaking their true nature or from wilful deception, are called *chilblains* or *gout*, just as the one or the other term appears the more interesting. In many cases, moreover, this kind of inflammation of the bones, and their investing membrane, may lead to the formation of matter, and eventually to the disease known as caries or ulceration of the bone.

"In connection with this I wish to explain, that I by no means desire to question the existence of such inflammations of this joint as are commonly attributed to gout; in by the far the greater number of cases, however, inflammation of the metatarso-phalangeal joint of the great toe is traumatic, as above described; and even with regard to the occurrence of gouty inflammations, the causes above alluded to give an obvious reason for the formation, at the points indicated, of a *locus minoris resistentiæ*."

In regard to that portion of the sole which is beneath the ball or palm of the foot, while it should be sufficiently thick to afford protection from the *roughness* of, and as *flat* transversely on the *outer* surface as, the *artificially* flat surfaces upon which we are accustomed to tread, let the *upper* surface of the sole be *concavo-convex,* so formed as to be the counterpart of, and adapt itself to the sole of the *undistorted foot.* There will be produced a firm and well-adjusted protection to the sole of the foot against the rough and uneven sidewalk, floor or earth; in fine, a boot-sole which requires no "breaking in," and which therefore cannot distort the foot. A boot-sole thus formed, presents, when *new,* all the depressions, which are most obvious and palpable, upon the upper surface of a boot-sole which has been worn for several weeks, and are produced by the pressure of the under surface of the toe joints.

To secure a boot-sole with the above characteristics, it is requisite that that portion of the last upon which it is formed should be directly opposed to that of those in common use. It should be *concave* on the bottom instead of *convex,* and the *form* and *degree* of concavity is important. "It is not sufficient that the horse's shoe be *curved* instead of *square,* but it is important that the curve be adapted in *form* and *degree* to that of the hoof. Neither is it sufficient in making a shoe for the *human foot*, that the last on which it is fashioned be simply *concave on the under surface*, the *form* and *degree* of concavity is no less important to the production of a properly-formed *sole*. Fig. 5 represents a vertical transverse section of a last properly formed on that portion corresponding to the "*ball*" of the foot. Fig. 6 represents a section, as above, of a properly-constructed sole from the last as above represented. "Fig. 7 represents a vertical transverse section of the natural foot near the metatarso-phalangeal articulations, or *transverse arch*. B, bony structure; lines *a a* show the arched form of this portion of the foot. Fig. 8 demonstrates the adaptation of the boot-sole (S), tranversely convex on its upper surface, to this part of the undistorted foot, affording uniform support, and preventing callosities upon and distortion of the joints.

Fig. 5.

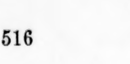


Fig. 6.

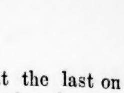


Fig. 7.

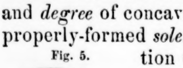
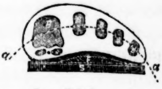


Fig. 8.



"It is neither requisite nor desirable that they should be especially made for each individual. Different *styles* are made to represent the different styles of feet, from which an intelligent craftsman is expected to make a proper selection. The *styles* of feet are as susceptible of classification as those of *person*, and there is no reason why a ready-made boot or shoe should not be as well adapted to its purpose as a ready-made coat."

DR. COALE'S ESSAY ON ANEURISM.

(TREATMENT.—Continued from page 417.)

Ligature.—We have already sketched the history of the use of ligatures to arrest the flow of blood. They are now so much the daily resort of every surgeon, so perfectly familiar in their application, to every tyro in surgery, that in treating of them as a remedy for aneurism we scarcely know how much we ought to say of them; how far we ought to enter into details, and how much is so familiar as to make it unnecessary to repeat.

It is, however, so often the case that the pages of our Journals, and even those of works called standard, exhibit propositions and theories long since tried and found wanting, but renewed again in the ignorance of the writer—that we feel we can with profit review the records of surgery for the past fifty years, and set forth one or two points connected with ligature.

The first of these which has engaged the attention of surgeons greatly, is the question how tightly a ligature should be drawn. We have already given Scarpa's views on this subject, and described his suggestion of the mediate ligature having some soft substance interposed between the artery and the ligating thread.

Next—a question closely connected with the other—is, how broad or narrow should the ligature be. Both of these may, however, be comprised under one, viz., What immediate effect do we look for from the ligature—or rather, in accomplishing its end of rendering the artery permanently impervious, through what processes does it attain this end?

The first surgeon who set himself experimentally to enlighten us on these points was Dr. J. F. D. Jones, an edition of whose researches was published in Philadelphia in 1811. This work we have not been able to see, but the results he attained are given to us in many other works, and we can briefly quote them here as furnished us by Lisfranc.

1st, When any force is used in constricting an artery by ligature, the inner and middle tunics are ruptured, and the cellular brought into contact with itself all around.

2d, In spite of the rupture of these coats, the vessel is not distended.

3d, Soon after the application of the ligature the parts become inflamed, lymph is effused, and the divided surfaces are glued together.

4th, In most cases the blood forms a clot, gradually increasing and presenting an elongated cone, the apex extending along the artery towards the heart.

Jones does not attach so much importance to this clot as some others do. He thinks that the obliteration of the vessels depends upon the agglutination of the several parts, but late investigations show that true orginization occurs in this clot, and that vascular union takes place between it and the walls of the artery.

5th, The cellular tunic becomes agglutinated by inflammation.

6th, The ligature left in place causes an ulceration through the parts around which it has been carried.

7th, The vessel is not only stopped up at the point of ligature, but becomes impervious to the next collateral branch.

Manec and Scarpa both verified these results, and they may be relied upon for all practical purposes. With them in view, comes the question what sized ligature should be used. Scarpa opposed fine ones for fear of their cutting the artery through too soon, and adopted, as we have shown, his plan of immediate compression. Jameson, of Baltimore, was even fearful of embarrassing the vasa vasorum which he considered necessary to form lymph, and used broad ligatures, taking care not to draw them too tightly.

From this extreme, others went to the opposite—using very fine ligatures on purpose to cut through more readily the two inner tunics. Amussat went into further trials, and elicited the fact that every ligature that constricted the artery sufficiently divided the inner tunics—the fine ones with neatness and sharp edges—the coarse ones producing a ragged, uneven edge at the section. He found also that these edges turned up into the artery for a line or two, the clot commencing its formation between them and the cellular tunic on which its base is planted. The rupture of these tunics then was considered by him the important point—a conclusion, we believe, admitted to this day, and with this view ligatures are used which, without being so fine as to cut through too rapidly, are sufficiently so to produce the desired effect upon the inner tunics.

The choice of substances for ligatures was another point greatly discussed by surgeons, and scarcely settled even in the present day, unless we can call it settled that within certain limits each operator may use what he likes best, or at least take choice of some half dozen different materials. As specimens, Ruysch advocated strips of leather; Physick used twisted buckskin; Weitch, Lawrence and Delpech, fine silk; Wardrop, silk-worm gut; Cooper, catgut; Jameson, flat strips of buckskin not previously stretched. Metallic ligatures have also been suggested. An advantage was claimed for animal ligatures, that they could be cut off close and the wound healed by first intention—the ligature being absorbed. This undoubtedly would be a very great advantage in every case, but particularly when operating upon the deep cavities; unfortunately it cannot be depended upon, and we presume that in the present day no surgeon would so close a wound and run the risk of a subsequent abscess excited by the foreign substance of the ligature. The various advantages claimed for these several substances being shown illusory, they have been one after another thrown aside, and silk is now used almost without exception—having, for its excellence, strength, cleanliness and pliability. Having tied the constricting knot, one end of the ligature is cut off and the other left hanging out of the wound until the artery is completely divided, when the string is drawn out.

It is universally conceded now, that in cases where the ligature is resorted to, but one is necessary or desirable. We would scarce think it necessary to enunciate a so thoroughly and well accepted truth as this, but even in late days a resort to the old plan of two ligatures and dividing the artery between them has been urged by most respectable authority. Abernethy advised this, from observing that secondary hæmorrhage was much more frequent in aneurism than in amputation, and he thought that by dividing the artery it was reduced to the same condition in which it was after the latter operation. The reasoning was fallacious, and the actual practice proved in several instances very dangerous.

We do not think it our province to enumerate the instruments required in placing a ligature upon an artery, or to describe the operation in detail. These belong to elementary surgery. There are, however, several rules which we must lay down—some applicable to ligating of arteries generally, others more particularly of importance when using the ligature for aneurism. The first of these is, that the incision should be no larger than is absolutely necessary to reach the vessel; the next, that the sheath of this should be separated from it and that the neighboring parts should be disturbed as little as possible. With these precautions the operation, as such, is not a grave one, that is, as regards the amount of cutting; and the organ meddled with is seldom followed by evil consequences from the *immediate* effect either of the knife or the ligature, and this last is an efficient means of arresting the circulation in, and producing the obliteration of, the artery. But this is not all we must have a care for. In using the ligature as a remedy for aneurism, other considerations, some of them of great importance, come into play. The first of these is the relative position of the ligature with regard to the distance of the next branch above it. A certain space is absolutely necessary in which the blood may become arrested and stagnate, in order that a proper coagulum may be formed. If this space is too shallow, either the blood will not remain at rest long enough for it to coagulate, or when the coagulum is formed it will be washed out and the artery not be obliterated. The result, of course, will be hæmorrhage as soon as the ligature has cut through. In guarding against such an event, our anatomical knowledge will serve us to a certain extent, and must in certain cases forbid us at once to use this remedy; but when we take into consideration the number of anomalies in the distribution of the arteries, we must see that there will occasionally be a want of success from this cause, in the application of a ligature, that no human care, knowledge or foresight could have guarded against; and hence, one objection to the use of, or rather defect in the excellence of the ligature as a remedial agent. Another accident from the irregular distribution of the arteries is, that in applying a ligature at a distance from an aneurism, which is sometimes absolutely necessary, we may apply it not upon the vessel from which the aneurism springs, but upon an anomalous branch. Thus we have seen the external iliac bifurcate directly below Poupart's ligament, and sending one of its branches down the front of the thigh it was lost above the knee, in the parts immediately around that joint, while the other, getting over to the inner side of the thigh, became the popliteal artery, on which an aneurism might have existed. Of course, in this case, in cutting for the femoral artery it would have been to all appearances found in its proper place, and yet a ligature upon it there would still have left a popliteal aneurism unaffected. These anomalies, too, have as yet not been entirely developed to us even by the investigations of modern anatomy, as thorough as these are; we cannot, therefore, be assured from any previous experience that the next essay may not be attended with some mishap from some as yet unknown, and therefore unprovided for anomaly.

There are some arteries, too, that from their normal length must, in every instance, forbid an operation upon them; or at least, if such an operation is undertaken as a last and only resort, must prevent us from expecting much success from it. Thus we have the arteria innominata—according to Dr. N. R. Smith, of an average length of one and a quarter inches. If a portion of this is already occupied by an aneurism, too little, evidently, would be left us around which we could pass a ligature in any hope that, with the large and rapid current of the aorta rushing by in such proximity, any coagulum could be formed—or, having been formed, could remain long enough to plug up the artery permanently, and ensure us against hæmorrhage. We might say the same of the common iliac arteries in the vast majority of cases. The vessel is longer, and the neighboring current not so fierce, but still an average course of less than three inches, if occupied much above its distal end with an aneurism of any size, would, and often has, by actual experiment, shown that we can hope but little from the effects of a ligature placed upon it. Such are the anatomical obstacles to the success of the ligature; there are still others.

A morbid condition of the artery at the point at which it is desirable to apply the ligature must peremptorily forbid it. Should we find the coats of the vessels permeated with an atheromatous, cartilaginous or bony deposit; should it present that yellow color which is always accompanied by a friable condition; or should it exhibit, as it does sometimes, evidences of tubercular or of fatty degeneration, we must discard the application of the ligature. In brief, it is an essential condition before tying it, that the artery should be healthy.

Having thus pointed out the drawbacks to the use of the ligature, we must try to estimate its value.

Costello remarks, "There is indeed no operation which, if properly executed, is followed with more certain success than that of obliterating an arterial trunk by the application of a single ligature." This is undoubtedly true to a certain extent, but rather strongly put. The actual operation of cutting down upon an artery—even when a deep-seated one—is not formidable, and we do not remember a case where mishap has come from it. Mr. Syme says he has tied the femoral artery twenty times successfully. The danger is not there, but elsewhere. It is in the accidents abovementioned, or in the morbid condition liable to be met with in an artery operated on for aneurism. There is also something to be placed to account of the disturbance of the circulation by the arrest of the flow in an artery. Where the artery is small, there is no sensible effect produced; but where it is large—supplying an important portion of the system—or where it is near the centre of the circulation, we must look for serious results from this source. The immediate effect upon the tumor is to stop the pulsation of it, and next a diminution of its bulk, while the collateral branches of the vessel tied become turgid, pulsate violently, and in time become permanently enlarged so as to supply the parts formerly furnished by the artery tied. The limb previously nourished by a ligated artery becomes cold very soon after tightening the ligature, and remains so for three or four hours, when usually its wonted warmth is restored to it, and by the ready adaptation of the collateral branches to the new demands upon them, suffers no further in this way. In some cases, however, this is not so, but the circulation remains enfeebled, and seems unable to support the life of the part, when gangrene ensues. When no accident of this sort occurs, we may with confidence assert that no damage is done to the usefulness and efficiency of a limb by the application of a ligature to the artery supplying it. Before six months elapse, saving exceptional cases, no difference exists between the limb operated upon and the other.

The accident following the application of a ligature, most to be apprehended and most dangerous, is hæmorrhage. This may be the result of one of the mishaps abovementioned, abnormal or diseased condition of the artery, or it may be caused by an ugly condition of the wound made to tie the artery. This may ulcerate or slough, the artery participate in the diseased action, the ligature come away, and hæmorrhage follow from the still patulous extremity of the vessel.

[To be continued.]

Army Medical Intelligence.

[The following interesting communication from Dr. Peters, U. S. Surgeon at Fort Warren, to his friend Dr. Dale, has been given us for publication.]

Report of Cases (and remarks on them) treated at Fort Warren.

Dear Doctor,—At your solicitation, I herewith enclose to you a table of diseases treated at this hospital, during the months of November and December, 1861. The maladies enumerated in the accompanying list have occurred mostly among the prisoners of war, brought from the South, and who consequently were unacclimated.

It may perhaps be interesting for me to here make a few general remarks in connection with the table, as the result of my observation, in treating a body of men differing greatly both in physical and personal appearance. The dread at the approach of cold weather was universal among the prisoners, and I am not sure but that its onset was mentally a relief to them. Through various sources, but mainly through the charitably-disposed people of Boston and its vicinity, they are greatly indebted for a supply of warm clothing, and also for other solid comforts. Indeed, everything humanity could dictate has been done to make their imprisonment free from barbarity, and I know they have learned a lesson therefrom which will not soon be forgotten. The question may be asked, why, then, has sickness prevailed to such an extent among them? The answer can be readily given, by one who has observed their want of attention to the most ordinary rules of hygiene, and also their disinclination to take out-door exercise in the ample limits allowed them. In a measure, no doubt, their natural fear of cold weather has had some effect in keeping them housed. Certainly the cause does not rest either in their rations or their quarters, for no difference in these respects has been permitted to exist between them and the regular soldiers acting as their guard.

In recording the diseases incidental to these prisoners, care has been taken not to include mild cases, such as result from indigestion, tonsillitis, pharyngitis and common colds, where simple remedies given once or twice produced permanent cures. In a majority of the fever patients, a malarious tendency, which they had transported from the South, could be readily detected. Its pernicious influence on the liver and spleen was too evident to escape observation. The most serious case of disease of the former organ which has yet come under my notice, was that of Lt. ———, an officer captured at Hatteras. The patient was seized one night, after having retired, with obstinate vomiting; the material first ejected was ordinary chyle, which soon changed to bile, mingled more or less with mucus. There chanced to be in the same room an experienced physician (also a prisoner), who gave prompt attention to the sufferer, and in time succeeded in arresting the vomiting. The following day I saw the patient, and asked him to give me a history of his symptoms. He said "that gradually since his confinement he had been growing ill, and had himself noticed, that sometimes his skin was tinged yellow, but he regarded it as an ordinary case of jaundice, which he was accustomed to, and which heretofore he had removed by taking Epsom salts, but in this attack the medicine failed even to evacuate his bowels."

On examining the case, I found the pulse ranging between 90 and 100; its beat was regular, and was not easily compressed. The tongue presented a deep-red tip and edges, while the papillæ of its middle portion were covered with a dry, thick, brownish coating. Pressure made by the hand over the right hypochondriac region, revealed the fact that the lower margin of the liver protruded beyond its normal position, and at the same time this pressure caused the patient to wince. The skin was jaundiced, and to the touch it was unusually hot and dry. On inquiry, no satisfactory reply could be obtained in regard to the bowels, save the fact that they had been recently very irregular.

In the commencement of the treatment of the case, a purgative dose of calomel, combined with pulv. jalap. comp., was given. The object of thoroughly opening the bowels having been attained, alterative doses of calomel and quinine were substituted. In addition to the above, a large blister was applied over the right side of the abdomen, and the diet was regulated. As the patient complained of great thirst, the effervescing mixture was given to allay it, and for the same purpose he was ordered to swallow occasionally small pieces of ice.

Under this regimen and treatment, the case progressed favorably for several days. Suddenly, and without any visible cause, the symptoms assumed a serious aspect, and gave reason for alarm. The pulse was greatly accelerated and of small volume, and this, together with the blanched surface and loss of strength, indicated rapid prostration. Desiring to give the patient all the medical light at my command, I called in two physicians, who had seen extensive practice in the South. Although prisoners, they willingly came to the rescue, and together we proceeded to examine the case. The result of the consultation was, that we decided the disease to be bilious remittent fever, and that in every way it resembled that form of the malady, which is seen in the South. It was further agreed, that though the malaria lurked in the system and might never have caused sickness at home, yet in changing climate it had been induced to make its appearance in this form of fever. The prognosis arrived at was unfavorable ; still, it was thought best to continue the calomel and quinine, give stimulants, and use every effort in the patient's behalf. In the course of a few hours, the case passed beyond hope, as the pulse ceased at the wrist, the extremities became cold, suppression of the urine ensued, and, with unimpaired intellect, he sank and died.

The inference to my mind, drawn from this and other cases, that have here come under my observation, is that a person in exchanging his native, for another climate, may carry with him malaria, which needs only an exciting cause, like a variation of temperature, to produce either fever or inflammation of some of the viscera.

In glancing over the accompanying table of disease, it will be seen that there are recorded a considerable proportion of bronchial and pulmonary affections. The difference in this respect between the prisoners thus affected and the United States forces used as their guard, was not so marked as to draw attention. I must candidly confess that I anticipated more sickness from these affections than has yet occurred to the prisoners. It must be remembered that this island is exposed to furious gales from the ocean, and its northern latitude warrants the statement of its being extremely cold in winter, yet we see men brought from the South, confined on it, and not to a remarkable degree laboring under diseases of the chest.

Medical writers have given the name of nostalgia to a species of melancholy, to which prisoners are especially liable. In my limited experience I have found it a serious complication in slow fevers, and tending to cause cases of this kind to terminate fatally. It varies with the natural disposition of the individual, and it is modified by age. The young person, when suffering from this affection, is apt to give free vent to his feelings by weeping, and there are but few of the great human family who have not in early life felt its baneful influence. My attention was one day drawn to a boy prisoner, occupying one of the beds of the Hospital, who, in addition to a slight remittent fever, was evidently undergoing great mental trouble. On inquiry, I ascertained the fact, that day and night he was continually weeping, and he confessed to me, he was longing for his home. The only recourse left me was, to promise him that on recovery he would be exchanged, and, fortunately, I was enabled to carry out my obligation. The prisoners who have reached and passed puberty, bear their sorrows with more manliness ; yet, in many cases, disease softens their wonted courage, and the eye readily traces on their features unmistakable symptoms of melancholy.

The following case exhibits how serious may be the results of nostalgia in middle life :—viz., a prisoner, one day, was brought to the Hospital bordering on a state of collapse. He was pulseless, pale, emaciated, had cold extremities, was unable to speak, and nearly exhausted. The history of the case, as nearly as could be ascertained, was that the man had been recently captured in Virginia. He was described as being a quiet farmer at home, who had been taken from his plough and forced to serve in the ranks of the enemy. In his first engagement he was captured, and soon afterwards, with others, was brought to this Fort for safe keeping. After his arrival he became melancholic, and refused to associate or even converse with his companions. By them he was neglected, and this tended to act on his mind to such a degree that finally he declined to eat sufficient food to sustain life. The man eventually became so weak from fasting, that one day he fell down exhausted, and this so startled his fellow prisoners, that they concluded to bring him to the Hospital. The expression the patient wore on his face when admitted under my care, was that of intense dejection, such as is seldom seen except in asylums for the insane. On being placed in bed, brandy and carb. ammonia, together with beef tea, were administered per rectum, as the patient had lost the power of deglutition. Under judicious treatment and nursing, the functions of the body returned, so that in the course of three weeks he was able to walk about the ward, by the aid of an assistant. During the slow progress of the convalescence, the patient complained of a continuous and dull pain in the forehead, which required and was relieved by a series of blisters applied to the nape of the neck. The most obstinate symptom in the treatment of the case was a persistency to constipation of the bowels ; the milder cathartics were impotent, but when, at last, regular doses of croton oil were given, it was found they could be properly regulated. In this manner, with a due regard paid to building up the patient, by tonics and a generous diet, he eventually regained his lost strength. On the other hand, it is to be regretted that his mind remains up to this day unbalanced, without presenting the least hope of future returning reason. Prison life affords little opportunity for agreeable recreation or associations, hence the present war must claim this man as one of its victims.

The annexed table fairly exhibits the forms and the ratio of the diseases that prevailed in this garrison during the two months before named, but since that time nearly three hundred prisoners have been exchanged, and as the remainder have become acclimated, their chances for health have measurably increased. D. C. PETERS,

Fort Warren, Boston Harbor, Jan. 17th, 1862. ***Assist. Surgeon U. S. A.***

CASES TREATED BY DR. D. C. PETERS, ASS'T SURGEON U. S. ARMY, FORT WARREN, DURING THE MONTHS OF NOVEMBER AND DECEMBER, 1861.

	NOV.		DEC.			NOV.		DEC.	
SPECIFIC DISEASES.	Cases.	Deaths.	Cases.	Deaths.	SPECIFIC DISEASES.	Cases.	Deaths.	Cases.	Deaths.
Febris intermittens quotidiana	5	0	1	0	Bro't forward	170	3	150	1
" remittens	5	0	0	0	Gonorrhœa	0	0	1	0
" typhoides	24	2	13	1	Syphilis Consecutiva	1	0	1	0
Colica	0	0	2	0	Lumbago	1	0	0	0
Constipatio	9	0	22	0	Rheumatismus acutus	8	0	7	0
Diarrhœa acuta	15	0	13	0	Abscessus	0	0	1	0
Dyspepsia	2	0	1	0	Anthrax	1	0	1	0
Hepatitis acuta	1	0	3	0	Phlegmon	0	0	1	0
Icterus	1	0	0	0	Ulcus	0	0	4	0
Parotitis	82	0	34	0	Ambustio	0	0	1	0
Tonsillitis	2	0	0	0	Contusio	0	0	4	0
Bronchitis acuta	13	0	21	0	Sub-luxatio	0	0	5	0
" chronica	2	0	0	0	Ophthalmia	3	0	2	0
Catarrhus	1	0	32	0	Otorrhœa	4	0	1	0
Phthisis pulmonalis	2	0	1	0	Debilitas	4	0	0	0
Pleuritis	0	0	2	0	Morbi cutis	22	0	2	0
Pneumonia	6	1	2	0	Nostalgia	1	0	0	0
Epilepsia	0	0	1	0	Toxicum	0	0	1	0
Neuralgia	0	0	2	0	Morbi varii	9	0	7	0
Carry forward	170	3	150	1	Total	224	3	189	1

Recapitulation.—Total number treated during November and December, 413; number cured (or benefited by medicine), 386; died, 4; number remaining sick on the 1st of January, 1862, 23.

Total number of prisoners of war held at Fort Warren during the months of November and December, 629.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 23, 1862.

State Almshouse at Bridgewater—Eighth Annual Report of the Inspectors.—Through the politeness of the Resident Physician of this institution, Dr. S. H. Carney, we have received the Annual Report of the Inspectors for the year ending Sept. 30th, 1861, and we find it to contain much interesting information. Judging from the statements it contains, there is every reason to believe that its condition is as favorable as could be expected, when we consider what a mass of poverty and wretchedness is collected within its walls. The amount of labor necessary to bring to a system of decent living many of the outcasts who there find a refuge, must be very great, but the report furnishes palpable evidence that it is successful. We had an opportunity, several years since, of visiting this institution, and, although it was at that time susceptible of much improvement in some of its internal arrangements, we could not but be struck with the amount of comfort afforded to its unfortunate inmates. The food supplied was not only generous in quantity but most excellent in quality, and had none of the character of the stinted dole which one is apt to attach to the idea of a State charity; while the supply of clothing and the warmth of the various apartments were all that could be desired. The official nature of the charity, too, did not seem to deprive it of that element of sympathy which adds such a blessing to private bounty, and there was evidence of a personal interest in the inmates, and a reciprocity of kindly feeling between the inspectors and immediate officers of the establishment and the objects of their care, which was highly gratifying. We have heard that some of the evils at that time existing, in the way of overcrowding in some of the hospital departments, &c., have since been remedied. Running over the report for the past year, we see that "until within the previous six months, a very large proportion of the applicants for admission to the almshouse were sadly diseased when received. Since that period, a much smaller number than usual of sick and diseased persons had been sent there."

It is to be regretted that as yet the institution is burdened with a large number of "demented, idiotic, and partially insane persons," who are obviously quite out of place. Notwithstanding the urgent representations of the Inspectors to this effect, as well as a report from a Committee of the Governor's Council, more than a hundred of its residents are of this class, and must be a very serious and uncomfortable charge to the officers, unprovided as they are with suitable accommodations for their proper care and treatment. We hope this evil may be promptly corrected.

We are pleased to see that the intellectual wants of the many children who find a home here are not neglected. Two schools are in active operation, taught by young ladies, and the Inspectors testify to their most gratifying condition, as comparing well with that of the common public schools throughout the State. The condition of the buildings, the farm, and the stock, belonging to the Almshouse, are all favorably noticed in the report.

From the summary of inmates we learn that there were

> "In the house October 1, 1860, 480; admitted during the year, 1,512; in the house during the year, 1,992; discharged and returned, 1,099; died, 129; remaining October 1, 1861, 764. Men, 169; women, 262; boys, 203; girls, 130. Average through the year, 631. Whole amount expended for the institution from October 1st, 1860, to October 1st, 1861, $35,065.60."

From the physician's report we find that

> "The number of males admitted to the hospital was 425; females, 361; total, 786. Discharged, 548. Remaining, Sept. 30, 1861, 110. Whole number receiving medical aid during the year, 1,060. The number of deaths during the year was as follows:—males, 62; females, 67; total, 129. Number of births:—males, 25; females, 24; stillborn (sex not recorded), 5; total, 54."

The mortality cannot be regarded as high when we consider that many of the inmates of the institution seek it as a refuge for their last hours, when almost worn out with incurable disease and want. Consumption alone caused 55 deaths. We have not space to copy, in detail, as we should like to do, the tables of the different diseases treated and of those terminating fatally. They present very gratifying evidence of the skill and fidelity of the Resident Physician. We cannot forbear to quote, however, the concluding passages of his modest statement:—

> "In presenting the above report, I am happy to state that, during the past year, the sanitary condition of the institution has been as good as could be expected. There has been no serious epidemic since the last report. Scarlet fever made its appearance April 12th, but soon disappeared. Cholera infantum, a disease which has prevailed to a great extent throughout the State the past summer, has not yet appeared here. Considering the large number of children who have been admitted to the institution during the year, many of whom had been previously exposed to unhealthy influences, an *entire* exemption from the disease is remarkable. This is due, however, in a great measure, to the habits of cleanliness enforced, as well as to regular diet and pure air, and not to medical treatment.
>
> "One hundred and five cases of ophthalmia have been admitted to the hospitals, very few of which have resisted treatment immediately, when seen at the onset of the disease; the most obstinate cases being those which had existed for weeks and months previous to the patient's entrance to the institution, and in persons of intemperate habits with scrofulous diatheses.
>
> "In conclusion, I believe that the wishes of the Commonwealth have been faithfully regarded in providing for her poor and incurably diseased a comfortable home where they can spend the remainder of their days, and where they can receive such relief as each individual case admits."

A short report from the Chaplain of the institution testifies to his deep interest in the spiritual welfare of his charge, particularly of the children. Our conclusion from the whole document is, that the Almshouse is in faithful hands, and is doing a good work as an almoner of public charity worthy a Christian Commonwealth.

We should be glad to receive the reports of the other State Almshouses and public institutions, which we understand have been distributed, but which, with the exception of that of the State Prison, have not reached us.

Messrs. Editors,—The following case (meningitis ?) may be of some interest to your readers. December 26th ult., 1 o'clock, A.M., called to see an infant 3½ months old, who presented the following symptoms :—Surface of body cool; nares pinched; eyes staring, pupils sensible to light; tongue cool, and one half of it, with right half of the face, affected by spasmodic twitchings; pulse 85; respiration 70; feet cool; abdomen tympanitic. An enema of soap suds brought away a stringy stool; when the bowels moved, vomiting occurred, which relieved the rapid respiration. Ordered the following: ℞. Mist. assafœtidæ, spir. lavendulæ comp., tr. castorei, aa ʒi.; syr. simplicis, ʒij. M. And ℞. Pulv. podophyllin, gr. ij.; pulv. aromat., gr. ij.; hyd. chl. mit., gr. ij. M. Ft. ch. No. iv. One powder to be given in half an hour, to be followed by one teaspoonful of the first mixture: repeat every hour until spasmodic action ceased.

Visit at 9, A.M.—Patient had had four spasms of right side of face, lasting ten minutes each; a free dejection of dark-colored, stringy fæces; slight increase of tonsils in size and redness; prostration, with coolness. Recommended frictions with mustard water to back of head, spine and feet. Syr. lactucarii (French preparation), one drachm to be given every hour until three doses were taken. A dose of castor oil to be given at noon.

27th.—Tongue and fauces of a drab color, dry—the former flattened on top, pressed downwards; six spasms since last visit; pupil of right eye contracted to the size of a pin—left dilated to one fourth of an inch; thumbs drawn to palms of hands; wakefulness; fontanelle even with surrounding surface. Twenty drops of fluid extract of valerian to be added to the syrup of lactucarium; repeat every hour till sleep supervene.

Visit at 1 o'clock, P.M.—Patient has had two short naps of fifteen minutes each; symptoms of the same kind, but much worse than at last visit. Requested to have Dr. Storer called, who was engaged, and could not come.

At the visit at 7, P.M., there was difficulty of deglutition; turning of head sideways and backwards; pupils insensible to light; spasms continued; much prostration, with symptoms of approaching dissolution. Patient fell into a slumber during this visit. Recommended to let her sleep as long as she would.

28th.—Spasms changed to left side of face; slept until 12 o'clock, midnight: afterwards awoke four times, with either a spasm or scream. Beef-tea to be given for prostration. Frictions to be continued.

29th.—Symptoms improving. Slept well during the night.

30th.—Much improvement. Ordered the following: ℞. Syr. sarsaparil. c., ℥ij.; potassii iodidi, gr. xvi. ʒss. to be given morning and night.

31st.—Everything favorable.

Jan. 2, 1862.—Patient discharged well, but cross.

Is a change of spasms, or of paralysis, favorable? Are not wakefulness and an absence of febrile symptoms unusual? Please comment upon this case.

South Boston, Jan. 6th, 1862. Yours, &c. J. F. Gould.

Our correspondent requests us to comment upon his case, and we would therefore say, that we see no reason to regard it as one of meningitis. On the other hand, it seems to us very plainly to have been a case of infantile convulsions, sympathetic with or the result of reflex action from some local irritation, probably gastric or intestinal. The distended abdomen and rapid respiration resulting from it would seem to point to the latter cause. Nothing is said about the condition of the gums as bearing upon the question of irritation from teeth; although the age of the child would hardly lead us to expect this, still it might exist. We are decidedly of opinion that a good dose of castor oil, followed by a positive opiate, would have put an end to the symptoms in a comparatively short time. It is possible that irritation of the alimentary canal may have been caused by something in the food of the mother, which had had an unfavorable effect on her digestion, or some other agency acting directly on her nervous system. Dr. Gould will find an excellent *résumé* of the symptoms growing out of inflammatory affections of the brain and its membranes in children, by Dr. Cotting, in the JOURNAL of the 19th ultimo.

EXPERIMENTS ON SLOW OR CHRONIC POISONING.—Dr. George Harley, Professor of Medical Jurisprudence in University College, London, read a paper, in November, before the Royal Medical and Chirurgical Society, on the subject of slow or chronic poisoning. The symptoms, in cases of this kind, so closely resemble those met with in natural disease, and are so different from those shown in acute poisoning, that the subject is one of great importance. The author has, for the last two years, instituted various experiments on animals, with small doses of poison slowly administered. Other mineral poisons had been used, but his remarks on this occasion referred only to arsenic. These experiments extended from twenty-five minutes in one case, to various longer periods reaching to over eighty days in another case. In the shortest, one grain of common arsenic injected into the jugular vein of a cat, caused convulsions in three minutes, and death in twenty-five. In the longest, the dose was gradually increased from a quarter of a grain to one grain—forty-nine grains being taken—and at death the effects of chronic poisoning, as shown by drawings exhibited of the *post-mortem* appearances, were very striking. The direct action of arsenic on the blood was also investigated by Dr. H., and the conclusions drawn from all his researches are summed up as follows:—

1st. That arsenic has a specific action on the digestive canal.

2d. That the action of arsenic on the digestive canal is manifested irrespectively of its mode of administration.

3d. That the direct contact-action of arsenic with the mucous membrane is slight in comparison to the influence it exerts through the blood.

4th. That the symptoms manifested during life, as well as the morbid changes found after death, differ very materially in the acute and chronic forms of poisoning.

5th. That whereas in the acute form of poisoning the morbid changes are most marked at the cardiac end of the stomach, in the chronic form they are most visible towards the pyloric extremity.

6th. The more gradual the poisoning, the more manifest is the action of the poison on the intestines, and the less visible are its effects on the stomach.

7th. Death may occur from arsenic so rapidly that no apparent structural change has time to take place.

8th. That the immunity from symptoms of poisoning enjoyed by arsenic-eaters most probably arises from their taking the substance in a solid form, and consequently that but a very small portion of what is swallowed enters the circulation.

9th. That the beneficial effects of small doses of arsenic are due to the power it possesses of diminishing tissue-change by its peculiar action on the blood.

10th. That the prejudicial effects of arsenic, when taken in excess, are due to its destroying the property possessed by the constituents of the blood of combining with oxygen, and thereby becoming fitted for the purposes of nutrition.

Dr. Marcet, a member of the Society, alluded to the effects of the long-continued use of preparations of iodine, and to the opinion of Rilliet, of Geneva, that very minute doses of iodine may, if continued, produce morbid effects. Dr. R., he said, also mentions the circumstance of individuals residing in Geneva being affected, on visiting the sea-shore, with symptoms of poisoning by iodine, which he accounts for by the fact that the air in the former place contains no iodine, while that near the sea coast is iodized. Dr. Marcet likewise alluded to the circumstance of his once having a dog-kennel lined with sheet lead, and the dogs which were put into it having invariably been seized, in ten days or a fortnight, with the epileptic form of poisoning by lead. A layer of straw over the leaden floor at once put a stop to the poisoning.

In a recent communication to the French Academy of Medicine, by M. Piorry, on the treatment of phthisis, he presents the following summary of conclusions:—

1st. Pulmonary phthisis is a collection of numerous morbid phenomena, and not a morbid unit.

2d. There does not exist, nor can there be, a special or specific remedy for it, to destroy a unit which has no existence.

3d. That consequently iodine, tincture of iodine, no more than chlorine, salt, tar, can be considered as anti-phthisical.

4th. That it is necessary, in order to the proper treatment of phthisical persons, to appreciate, to specify the particular organic affections which they present, and to meet them with appropriate remedies.

5th. That hygienic precautions, intelligently advised, may prevent the development of tubercle.

6th. That by proceeding in this way, by combating the particular affections which occur together or succeed each other, we have a rational treatment of phthisis, which can show a fair number of perfect cures, and a very large number of palliated cases.

Dr. John E. Hathaway.—The death of this very estimable young physician will be sincerely regretted by all who knew him. During the time that he was connected with the Mass. Gen. Hospital, in this city, he performed his duties most faithfully, and so courteously that he was always a favorite; his pleasant manners were the natural result of his warm social feelings and a fine temper. After graduating here, he pursued his profession for some years in Worcester, and his successful and increasing business showed how he was appreciated by the public; his popularity with the profession there being what might have been expected. His friends will remember a lawsuit that was forced upon him, and from which he came out with flying colors; Judge Merrick paying him, in his charge to the jury, a high and well-deserved compliment. He had everything about him to make his life a happy one, and it was sad to see the inroads of a disease that was sure in his case to go on to a fatal termination; it being some years since he showed the first signs of consumption, against which he bore up with remarkable fortitude and cheerfulness. A visit to Europe was of little or no advantage to him, and he subsequently removed to Shrewsbury, where he patiently waited his end. If he was beloved and respected by the community and his professional brethren, how dear must his memory be to those who were nearest to him; and, on the other hand, how proud must they be of the reputation he has left behind him.

In answer to the inquiries which have been made of us as to the authorship of the letters from "Our Special Correspondent" at Washington, we are authorized to state that they are from Mr. Edward R. Hutchins, Medical Cadet in the United States Army. He proposes to continue his favors from time to time, under his own signature; and these, together with the interesting letters which may occasionally be expected from Prof. Bryan, Dr. Geo. B. Willson, some of our own Massachusetts surgeons, and others, will make our "Army Medical Intelligence" probably more full and valuable than can be found elsewhere. It is unnecessary to direct the reader's attention to the interesting letter of Dr. Peters in to-day's Journal.

Camp Benton, Jan. 11, 1862.

Messrs. Editors,—It was with great chagrin and mortification that I saw published in your Journal a letter from myself to Dr. Henry A. Martin, of Roxbury. That letter was strictly confidential. I hereby disclaim all responsibility for its publication and for its contents. I am, Gentlemen, respectfully,

Your obedient servant, Nathan Hayward.
Surgeon 20th Reg't Mass. Vols.

Cream as a Substitute for Cod-liver Oil.—M. Fonssagrives strongly recommends, in the *Bulletin de Thérapeutique*, cream as a substitute for cod-liver oil in cases where the latter cannot be borne on the stomach. The dose for children is four teaspoonfuls at first, to be subsequently increased. It is to be taken undiluted, and sweetened or flavored with vanilla, which renders it more digestible. In England, it is taken with a little rum.

Chlorate of Potash as a Remedy for Fœtid Breath.—Many persons complain of fœtid breath who cannot attribute it to bad teeth or neglect to keep them clean; the gums and mucous membrane of the mouth are perfectly healthy. The bad odor must come either from the lungs or the stomach, and nine times out of ten it comes from the latter. In this case we have a simple, prompt and certain remedy in the chlorate of potash. Take, three hours after eating, a teaspoonful of a solution of six grammes of the chlorate in a hundred of sweetened water, and at the same time rinse the mouth with the solution.—*Gaz. des Hop.*

Dr. Gurdon Buck has resigned the post of Surgeon to the New York Eye Infirmary, and Dr. F. J. Bumstead, late Assistant Surgeon, has been appointed to fill the vacancy.

During the year 1861, 1,256 persons received the benefits of the Brooklyn City Hospital, with the following results:—Cured, 672; relieved, 220; discharged at their own request, 50; disorderly or eloped, 120; died, 70; number remaining, 124. The number who paid, wholly or in part, was 1,038; wholly charity, 218; males, 1,177; females, 79. Of the 70 deaths, 37 were Coroner's cases (accidents), leaving the actual number of deaths by disease 33.—*American Medical Times.*

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, January 18th, 1862.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week,	47	38	85
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	36.6	37.7	74.3
Average corrected to increased population,	..	..	82.88
Deaths of persons above 90,	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
19	0	3	6	3	0	0	3	2

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending Jan. 11th.

Mean height of Barometer,	29.892	Highest point of Thermometer,	43.0
Highest point of Barometer,	30.510	Lowest point of Thermometer,	1.0
Lowest point of Barometer,	29.470	General direction of Wind,	W.N.W.
Mean Temperature,	22.1	Am't of Rain (inches),	0.00

For the week ending Jan. 4th, omitted in our last issue:—Mean of barometer, 29.747; highest point of barometer, 30 042; lowest point of barometer, 29.160. Mean of thermometer, 20°; highest point of thermometer, 49°; lowest point of thermometer, 5°. General direction of wind, N. W. Amount of rain (in inches), 0.

To Correspondents.—The conclusion of Dr. Ware's Tenth Lecture will be inserted next week. A paper by I. S. on Conservative Surgery, and letters from the Army by Drs. Bryan and Willson, came too late for this number.

Pamphlets Received.—Annual Report of the Board of Trustees of the Wisconsin State Hospital for the Insane.—Report of a Committee of the Sanitary Commission, on the subject of Venereal Diseases, with special reference to Practice in the Army and Navy.—Eighth Registration Report of the State of Rhode Island, for the year 1860.—Annual Report of the Inspectors of the Massachusetts State Prison.

Deaths in Boston for the week ending Saturday noon, January 18th, 85. Males, 47—Females, 38.—Abscess (of throat), 1—accident, 3—apoplexy, 1—congestion of the brain, 1—disease of the brain, 1—bronchitis, 1—consumption, 19—convulsions, 1—croup, 3—cyanosis, 1—diphtheria, 2—dropsy of the brain, 5—exposure, 1—scarlet fever, 6—typhoid fever, 3—gastritis, 1—hæmoptysis, 1—hæmorrhage (of the navel), 1—disease of the heart, 4—intemperance, 3—disease of the lungs, 2—inflammation of the lungs, 3—marasmus, 3—paralysis, 1—phlebitis, 1—puerperal disease, 2—purpura hæmorrhagica, 1—rheumatism, 1—sore throat, 1—teething, 1—trismus nascentium, 1—unknown, 7—whooping cough, 2.

Under 5 years of age, 37—between 5 and 20 years, 10—between 20 and 40 years, 17—between 40 and 60 years, 15—above 60 years, 6. Born in the United States, 66—Ireland, 13—other places, 6.